



Iowa Department of Natural Resources
Underground Storage Tanks Section
502 East 9th Street
Des Moines, IA 50319-0034

Iowa DNR – UST Section Stage 1 Vapor Recovery Survey Form

UST FACILITY		
Name:	Registration No:	
Address:	LUST No:	
City:	ZIP:	Phone:

INSPECTOR		
Name:	Inspector No:	
Company:	Phone:	
Address:		
City:	State:	ZIP:

THE FACILITY'S ESTIMATED MONTHLY THROUGHPUT FOR GASOLINE IS (CHECK ONE):

<input type="checkbox"/>	LESS THAN 10,000 GALLONS Inspection Date: _____ Is the tank top access vapor tight? Yes <input type="checkbox"/> No <input type="checkbox"/>	NOTES:
<input type="checkbox"/>	10,000 GALLONS OR MORE, BUT LESS THAN 100,000 GALLONS Inspection Date: _____ Is the tank top access vapor tight? Yes <input type="checkbox"/> No <input type="checkbox"/> Are drop tubes installed in all tanks? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/>	100,000 GALLONS OR MORE Inspection Date: _____ Is the tank top access vapor tight? Yes <input type="checkbox"/> No <input type="checkbox"/> Is Stage 1 Vapor Recovery System installed? Yes <input type="checkbox"/> No <input type="checkbox"/> Date it was installed _____ Is it dual point <input type="checkbox"/> or single point <input type="checkbox"/> ? Has vapor balance system been tested? Yes <input type="checkbox"/> No <input type="checkbox"/> Date it was tested? _____ Are the results passing? Yes <input type="checkbox"/> No <input type="checkbox"/>	

CERTIFICATION OF INSPECTOR RESPONSIBLE FOR CONDUCTING THIS TESTING

To the best of my knowledge, the facts stated in this document are accurate and in full compliance with legal requirements

Inspector's Signature: _____

Date: _____